



# THRIFT SAVINGS PLAN

## CHANGE IN NAME FOR SEPARATED PARTICIPANT

# TSP-15

If you are no longer employed by the Federal Government, use this form to report a change in your name to the TSP Service Office. This form will also update your address in your TSP account record; if you submit this form, you do not need to submit Form TSP-9, Change of Address for Separated Participant. **Note:** Active employees can change their names for their TSP accounts **only** through their employing agencies. Active employees should **not** submit this form.

Type or print all information. Make a copy of this form for your records. Mail this form to:

**TSP Service Office**  
**P.O. Box 385021**  
**Birmingham, AL 35238**

Or fax the completed form to our toll-free fax number:

**1-866-817-5023**

If you have questions, call the (toll free) ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or TDD: 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400.

Do not send any documentation; it is not required.

**Please note:** If you also have a uniformed services TSP account, you must change your name separately for that account by completing Form TSP-U-15 (if you are separated from the uniformed services) or by contacting your service (if you are still a member of the uniformed services).

### I. INFORMATION ABOUT YOU

1. Your New Name \_\_\_\_\_  
Last First Middle
2. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy
4. Address \_\_\_\_\_  
Street address or box number
5. City \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_  
State/Country Zip Code
8. Daytime Phone (Area Code and Number) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### II. YOUR FORMER NAME

9. Former Name \_\_\_\_\_  
Last First Middle

### III. YOUR SIGNATURE AND CERTIFICATION

I certify that the information I have provided is true to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

10. \_\_\_\_\_ 11. \_\_\_\_\_  
Participant's Signature Date Signed

**PRIVACY ACT NOTICE.** We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide on this form to process your request to change your name. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement

agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to change your name for your TSP account.

1